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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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Y SCOTT OCT 3 0 2019 CORPORATION SERVICE COMPANY

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 028262 729383

7人

AUTHORIZATION :

COST LIMIT :

ORDER DATE : October 29, 2019

ORDER TIME : 3:34 PM

ORDER NO. : 028262-005

CUSTOMER NO: 7293834

FOREIGN FILINGS

NAME: APRENDE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

		ame adopted for the purpose of transacting business in Florida) 61-1948344	
State or countr	y under the law of which it is incorporated)	(FEI number, it applicable)	
October 10, 201	9		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
-	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150) Suite 202A, Coral Gables, FL 33134	Florida, if prior to registration) (S. 3) 12, F.S., to determine penalty liability)	
	(Principa	l office address)	
	(Current mailing	address, if different)	
Nama and street	t address of Florida registered agents (P.O.	Poy NOT accentable)	
Name and <u>stree</u> Name:	t address of Florida registered agent: (P.O. Martin Claure	Box NOT acceptable)	
Name:		Box NOT acceptable)	
	Martin Claure	Box <u>NOT</u> acceptable) , Florida	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Martin Claure	
Director: 55 Merrick Way, Suite 202A, Coral Gables, FL 33134	
Address:	
	<u>'</u> , □
Director:	
Address:	The sp
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
B. OFFICERS	U: 1
Martin Claure	
President:55 Merrick Way, Suite 202A, Coral Gables, FL 33134	
Address:	
Vice President:	
Address:	
Martin Claure	
Secretary:	
Address: Martin Claure	
Treasurer:	
55 Merrick Way, Suite 202A, Coral Gables, FL 33134 Address:	
NOTE: If necessary, you may attach an addendum to the application listing add	litional officers and/or directors.
12. Martin Claur	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 ab	ove) affirms that the facts stated herein

are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Martin Claure, Chief Executive Officer

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "APRENDE, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "APPENDE, JINC.

WAS INCORPORATED ON THE TENTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES
HAVE BEEN ASSESSED TO DATE.



Authentication: 203890495

Date: 10-29-19